



# STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS

## SATELLITE LOCATION SUPPLEMENTAL FORM B2

**Mailing Address**

P.O. Box 5757  
Columbia, SC 29250-5757

S.C. Code Ann. § 40-58-10 through -110 (Supp. 2004)

[www.sccoconsumer.gov](http://www.sccoconsumer.gov)

803-734-4236/800-922-1594

**Street Address**

3600 Forest Drive, 3<sup>rd</sup> Floor  
Columbia, SC 29204-4406

### DO NOT FAX THIS FORM

(An original, signed and notarized form is required for each satellite location.)

The following information MUST be provided for each South Carolina satellite location. Complete the form in its entirety. This form may be duplicated. Use this form to notify the Department of any changes in the information contained herein. Incomplete information could result in delay or denial of your application. Physical and mailing address should include city, state and zip. Additionally, if any of the information on this form changes submit a new form.

Company Name:	_____	Manager/Supervisor	_____
Physical Address*:	_____		
	_____		
Mailing Address:	_____	Employees: (List all	_____
	_____	employees by name	_____
Telephone No.	_____	For this location)	_____
Fax No:	_____		_____
E-Mail:	_____		_____
Web Address:	_____		_____
Contact Person:	_____		_____
Business Hours:	_____	County:	_____

\*Is physical address a residence? ☐ Yes ☐ No

Provide detailed directions to the physical location from 3600 Forest Drive Columbia, SC \_\_\_\_\_

Satellite records must be consolidated at a South Carolina main or branch office, list address of office below

Are they separated by county or combined together? \_\_\_\_\_

**CHECK ONE**

- ☐ Initial Application (Requires \$150 licensing fee)
- ☐ Renewal (Requires \$150 licensing fee)
- ☐ Add this location (Requires \$150 licensing fee)
- ☐ \*\*Relocation of satellite
- ☐ Inactivate this location

**EFFECTIVE DATE**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*Former Address of Satellite

\_\_\_\_\_  
\_\_\_\_\_

I swear or affirm and certify that I have completed and/or reviewed all information on this form and that all information contained herein is true, current and accurate. I further certify that I understand that giving false information constitutes cause for denial or revocation of the application and subjects me to criminal prosecution for perjury. I acknowledge that I have a duty and agree to update and correct this information as it changes.

\_\_\_\_\_  
Signature of Owner/Employee

\_\_\_\_\_  
Type or Print Your Name and Business Relationship or Title

SWORN TO AND SUBSCRIBED before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public For \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

**The South Carolina Freedom of Information Act may  
require the Department of Consumer Affairs to  
release this form as a public record.**